

UNITED STATES BANKRUPTCY COURT
WESTERN DISTRICT OF VIRGINIA
ROANOKE DIVISION

Form 704-8B
Rev. 1/05

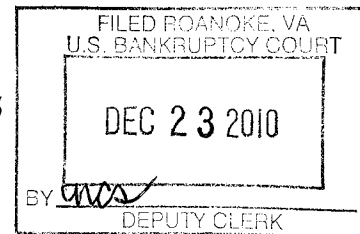
In re:

LGC ROANOKE, L.L.C., fka
LEWIS GALE CLINIC, L.L.C.

Debtor.

Case No. 06-70135

Chapter 7



CASE CONSOLIDATED WITH LGC, Inc.: 06-70134; LGC Agency, LLC: 06-70136; and
LGC Surgery, LLC: 06-70137 WITH 06-70135 AS LEAD CASE.

TRANSMITTAL OF SMALL DIVIDENDS

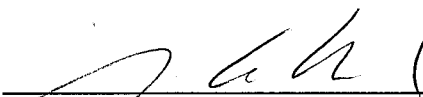
Comes now the undersigned trustee and reports as follows:

1. Distribution to creditors in an amount of less than Five Dollars (\$5.00), unless authorized by the court is prohibited by Bankruptcy Rule 3010, unless authorized by the Court. No such order has been entered by the court.

2. The trustee has attached a separate sheet indicating the name, address, and amount due those creditors to whom distribution of less than five dollars would have been made if ordered by the Court.

3. That the trustee's check payable to the Clerk, U.S. Bankruptcy Court, for the dividends of less than five dollars is attached with the request that such funds be deposited in the U.S. Treasury.

Dated: December 22, 2010



GEORGE A. MCLEAN, JR., Trustee
302 WASHINGTON AVENUE
ROANOKE, VA 24016
(540) 982-8430

06-70135

FORM B10 (Official Form 10) (4/01)

UNITED STATES BANKRUPTCY COURT <u>Roanoke, VA</u> DISTRICT OF <u>Roanoke, VA</u>		PROOF OF CLAIM
Name of Debtor <u>Lewis Gate Clinic - Dr. FAIZ M. BEHSUDI</u>		Case Number
<small>NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.</small>		
Name of Creditor (The person or other entity to whom the debtor owes money or property): <u>Betty H. Myles</u>	<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. <input checked="" type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.	
Name and address where notices should be sent: <u>602 Granville Ave</u> <u>Clifton Forge, VA 24422</u>	THIS SPACE IS FOR COURT USE ONLY	
Telephone number:		
Account or other number by which creditor identifies debtor: <u>LGL 5204730</u>	Check here if this claim <input type="checkbox"/> replaces a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input checked="" type="checkbox"/> Other <u>Refund due me</u> <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS #: <u>234 52 2984</u> Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: <u>6-27-04</u>		3. If court judgment, date obtained:
4. Total Amount of Claim at Time Case Filed: \$ <u>128.17</u> If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5. Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		6. Unsecured Priority Claim. <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim: <input type="checkbox"/> Wages, salaries, or commissions up to \$4,650* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Up to \$2,100* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6). <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7). <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8). <input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____). <small>*Amounts are subject to adjustment on 4/1/14 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.</small>
7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.		
9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		
Date <u>4-10-06</u>	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any): <u>Betty H. Myles - Betty H. Myles</u>	
Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.		

4-11-06

To Whom It May Concern:

This letter explains the circumstances of why I am due a refund from Lewis Gale Clinic for services rendered me on June 27, 2004.

Lewis Gale Clinic provided Dr. Faiz M. Behsudi as an emergency room physician at Alleghany Regional Hospital when I was a patient in the Emergency Room on June 27, 2004. I had sustained an injury to my left wrist due to a fall at an assisted living facility named Highland House, Clifton Forge, Virginia. They provided coverage for my injury through Cincinnati Insurance Company whose agent was Brent Showalter of P.O. Box 42, Bridgewater, Virginia, 22812.

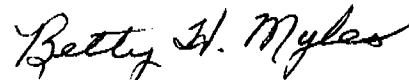
Mr. Showalter sent me a check in amount of the \$140 incurred and I deposited it and sent my personal check in amount of \$140 to Lewis Gale Clinic.(copy of check and endorsement attached.) The Clinic had filed with Railroad Medicare and Medicare paid them \$47.34, which of course was in error due to third party being responsible.

The attached Explanation of Medicare Benefits shows Medicare allowed \$59.17, disallowed \$80.83 and paid \$47.34 to the Clinic, causing the account to have a credit balance.

Medicare later requested refund of their payment. In fact, they wanted it as soon as possible, saying they had the authority to get it deducted from my Railroad Retirement annuity. Since I did not want that to happen, I sent my personal check for the \$47.34. (Copy of my check to Medicare in amount of \$47.34 attached). Lewis Gale Clinic employee Sara Adams assured me I would receive refund from Lewis Gale Clinic in amount of \$128.17 within thirty days. This is the \$47.34 plus disallowed amount of \$80.83, which totals \$128.17, the amount of the credit shown on the account.

I will appreciate consideration being given to my claim of refund due. If I can furnish any additional information, please advise.

Respectfully submitted,



Betty H. Myles
602 Granville Avenue
Clifton Forge, Virginia 24422
Phone: 540-862-1760

P.S. Phone calls to Lewis Gale Clinic have not been returned after message is left with Voice Mail.



BETTY H. MYLES
JOHN W. MYLES
602 GRANVILLE AVE. 540-862-1760
CLIFTON FORGE, VA 24422

782

Date 1-17-06

68-426/514
49001

PAY Medicare Part A \$ 47³⁴
to the order of Forty seven and 34/100 Dollars

BB&T

BRANCH BANKING AND TRUST COMPANY
CLIFTON FORGE, VIRGINIA



Memo John W. Myles Signature Betty H. Myles

⑆05⑆40⑆260⑆5⑆38⑆49635⑆00782

⑆000000⑆4734⑆

Letter of 1-13-06
#234522984

SUNTRUST BLT 01242006 #2746
5906-028 051000020 PKT001
01/24/06
460004465005088494

2/21/08 CREDITED ACCOUNT NBI BANK LOCKBOX
028-01232006 OF NAMED PAYEE MILW WI 10982
0730000001 00123-02272 >075912068<
NBI BANK
01/23/06

2101604434

355109292

Page 1 of 3

Medicare Summary Notice

November 29, 2004

CUSTOMER SERVICE INFORMATION

Your Medicare Number: A234522984

If you have questions, write or call:
Palmetto GBA - Railroad Medicare
P.O. Box 10066
Augusta, GA 30999-0001

Toll-free: 1-800-833-4455

TTY for hearing impaired: 1-877-566-3572

BE INFORMED: Always read the front and back of your Medicare Summary Notice.

This is a summary of claims processed from 11/03/2004 through 11/24/2004.

PART B MEDICAL INSURANCE - ASSIGNED CLAIMS

Dates of Service	Services Provided	Amount Charged	Medicare Approved	Medicare Paid Provider	You May Be Billed	See Notes Section
Claim number 22-04296-064-510 Faiz M. Behsudi, M.D., PO Box 791307, Baltimore, MD 21279-1307 06/27/04 1 Emergency dept visit (99283)						
		\$140.00	\$59.17	\$47.34	\$11.83	a, b, c
Claim number 22-04320-220-620 Kroger Limited Partnership I, PO Box 14002, Roanoke, VA 24038-4002						
11/08/04	1 Flu vaccine, 3 yrs, im (90658)	\$20.09	\$10.10	\$10.10	\$0.00	a, d
11/08/04	1 Admin influenza virus vac (G0008)	7.56	7.56	7.56	0.00	d
	Claim Total	\$27.65	\$17.66	\$17.66	\$0.00	
Claim number 22-04320-220-630 Kroger Limited Partnership I, PO Box 14002, Roanoke, VA 24038-4002						
11/08/04	1 Pneumococcal vaccine (90732)	\$30.09	\$23.28	\$23.28	\$0.00	a, d

THIS IS NOT A BILL - Keep this notice for your records.

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGES	PAYMENTS ADJUSTMENTS	PATIENT BALANCE
5/27/04	BEHSUDI 11/15/04 11/15/04	EMERGENCY DEPT VISIT MEDICARE INSURANCE INSURANCE PLAN ADJUSTMENT <i>Claim No 129817</i>	140.00	47.34- 80.83-	11.83

STATEMENT DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	PLEASE PAY THIS AMOUNT →	
01/25/05	11.83				11.83

PATIENT NAME	ACCOUNT NUMBER
BETTY H MYLES	LGC 5204730

MAKE CHECK PAYABLE TO:



Lewis Gale Clinic
1802 Braeburn Drive
Salem, VA 24153

ITEMS MARKED WITH AN (*) HAVE BEEN BILLED TO YOUR INSURANCE
PAYMENT DUE UPON RECEIPT. THANK YOU.

STATEMENT

MAKE CHECKS PAYABLE TO



Lewis Gale Clinic
 1802 Braeburn Drive
 Salem, VA 24153

RETURN SERVICE REQUESTED

BILLING INQUIRES (540) 772-3550
http://www.lewisgaleclinic.com/bus_concerns.php

PATIENT: BETTY H MYLES

- 004939 1 AT 0.292
- BETTY H MYLES
- 602 GRANVILLE AVE
- CLIFTON FORGE VA 24422-1816

1004939

LEWIS GALE CLINIC
 P O BOX 12767
 ROANOKE VA 24028



LGC005204730 0001183

SHOW AMOUNT PAID HERE \$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	CHARGE	ADJUSTMENTS	PATIENT BALANCE
5/27/04	BEHSUDI	EMERGENCY DEPT VISIT		11.83
	11/15/04	MEDICARE INSURANCE	47.34-	
	11/15/04	INSURANCE PLAN ADJUSTMENT	80.83-	
<p><i>Sent to Brent Showalter 2-1-05</i></p> <p><i>Notified LGC Bus. off. 2-1-05</i></p> <p><i>982-8430</i></p> <p><i>983-9300</i></p> <p><i>3-8-04</i></p> <p><i>772-5362</i></p>				

CURRENT OVER 30 DAYS OVER 60 DAYS

01/25/05

11.83

PLEASE PAY THIS AMOUNT

11.8

BETTY H MYLES

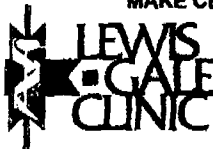
ACCOUNT NUMBER

LGC 5204730

MAKE CHECK PAYABLE TO:



Lewis Gale Clinic



Lewis Gale Clinic
 1802 Braeburn Drive
 Salem, VA 24153

MAKE CHECKS PAYABLE TO

RETURN SERVICE REQUESTED

BILLING INQUIRES (540) 772-3550
http://www.lewisgaleclinic.com/bus_concerns.php

PATIENT: BETTY H MYLES

3425 1 AT 0.292
 BETTY H MYLES
 602 GRANVILLE AVE
 CLIFTON FORGE VA 24422-1816

1003425

LEWIS GALE CLINIC
 P O BOX 12767
 ROANOKE VA 24028



L6C005204730 0001183

SHOW AMOUNT PAID HERE \$

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

DATE	DOCTOR	DESCRIPTION	CHARGES	PAYMENTS/ADJUSTMENTS	PATIENT BALANCE
3/08/04	KLINE	EMERGENCY DEPT VISIT <i>(Hives)</i>	140.00		<i>11.83</i>
	04/08/04	MEDICARE INSURANCE		47.34-	<i>per MAB</i>
	04/08/04	INSURANCE PLAN ADJUSTMENT		80.83-	<i>7-1904</i>
6/27/04	BEHSUDI	EMERGENCY DEPT VISIT <i>Wrist</i>	* 140.00	PENDING INS	

STATEMENT DATE	CURRENT	OVER 30 DAYS	OVER 60 DAYS	PLEASE PAY THIS AMOUNT →	
07/13/04		11.83			11.83

PATIENT NAME	ACCOUNT NUMBER
BETTY H MYLES	LGC 5204730

MAKE CHECK PAYABLE TO:



Lewis Gale Clinic
 1802 Braeburn Drive
 Salem, VA 24153

ITEMS MARKED WITH AN (*) HAVE BEEN BILLED TO YOUR INSURANCE
 PAYMENT DUE UPON RECEIPT. THANK YOU.

BETTY H. MYLES
JOHN W. MYLES
602 GRANVILLE AVE. 540-862-1760
CLIFTON FORGE, VA 24422

639

68-426/514
49001

Date 2-7-05

PAY Leona Gale Clinic \$ 148.00
to the order of
One hundred forty and no/100 Dollars

BB&T

BRANCH BANKING AND TRUST COMPANY
CLIFTON FORGE, VIRGINIA



Memo LG 426/514 Signature Betty H. Myles
05140426015138149635 0639 0000014000